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COMMON ERRORS:

THEORETICAL AND PRACTICAL, RELATING TO INSANITY.

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for the Insane, etc., etc.

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COMMON ERRORS: THEORETICAL AND PRACTICAL, RELATING TO INSANITY.

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It has been said that mistaken notions respecting human destiny have been the greatest obstacles to human progress. That notions at variance with all facts and inferences, as now recognized by the learned, respecting all phenomena, have been at all times entertained by a large majority of mankind, will not be denied. Notions so deeply rooted, so firmly fixed, so widespread and overshadowing, as to resist all encroachment, save that of growth—the irresistible expansion of capabilities and knowledges.

Whether such notions have been really obstructive, or only faithful expressions of concurrent ignorance and incapability, awaiting the advance of intelligence, may be questionable. (1.) But if the onward movement of the races has ever been so obstructed it must

(1.) The notions entertained by any given people at any given period are, necessarily, in accordance with the capabilities and knowledges of such people. Such notions do not obstruct progress, but indicate attainment. The notions of infancy are displaced by the beliefs of maturity. Beliefs of the ancients have been displaced by modern recognitions, as imperceptibly as childhood glides into youth.

be so still, to an extent measurable by the influence of such notions over the common teachings of the time.

To the medical profession of to-day—as representing a wider range of knowledges, and greater freedom and courage of investigation, than any other—the world looks for instruction respecting all natural phenomena—the phenomena of living matter more especially—yet not all of us of this profession *par excellence*, have outgrown many of the mistaken notions of our ancestors, nor opened our eyes fully to the light of present knowledges.

Our Medical Schools have been, and still are, behind the advance of science in the instruction given by them respecting the constitution and conduct of living beings—teaching still, with some notable exceptions, superficial anatomy, and elementary physiology—with the apparent indifference of infallibility toward all that is new, or recently asserted, in Biologic science.

But the special features of this address forbid further general remarks.

The first, and most important, COMMON ERROR of theory respecting insanity is an ascription of the phenomena of mental disorder to an immaterial, hence hypothetical, personality called “The Mind.”

That this is an error may be known from the facts that all mental manifestations are phenomenal, and all phenomena of which we have any knowledge are sequential to antecedent changes in the conditions of material structures. Also from the fact that all pathological conditions of which we have any knowledge—which we have been compelled to recognize as necessarily antecedent to the manifestations of insanity—pertain to material beings, whose structural characteristics are highly developed organs called Brains.

This error, which is a survival from the mythopoeic concepts of primitive peoples, born of efforts to solve the riddles of the universe without the capability of mature growth, or the knowledge of facts acquired by experience, has been modified by the pressure of compulsory recognitions of physiological facts, to such an extent that most physicians of any pretension to education now ascribe insanity to an intimate association of "the Mind" still regarded as an immaterial, separable, spiritual being, with the material body of man which alone is subject to dissolution, hence disease.

This modification, while it retains the substance of the original error, marks a decided advance in the recognitions of the profession, which in time will occupy still higher grounds commanding broader views of an ever-widening horizon.

It may be asked, and will be, in consideration of the assertion that all mental manifestation is phenomenal—the natural, inevitable, sequence of antecedent conditions of material structures—"What then becomes of the long list of recognized 'moral causes' of insanity; or the much-talked-of 'Influence of the Mind upon the Body?'"

The answer is simple. Substitute "Brain" for "Mind", and the problem is solved.

What! brains think? matter imagine? convolutions reason?

Why not?

Is it really more incredible, to one accustomed to thinking, that brain matter should become sensitive, conscious, self-conscious, and capable of thinking, than that matter of any kind should become brains—by virtue of inherent qualities, and the influence of environments?

Are the brain functions of retaining presentations, (memory) reproducing presentations in the order of their reception, (remembering) or in variations of order, combining parts of various presentations in new relations, (imagining,) or even the more complex function of reasoning; (all of which represent but different states or degrees of complexity of consciousness,) more wonderful or incredible than are the co-relative, and necessarily antecedent, brain functions of feeling, seeing, hearing, tasting, smelling, etc.?

Is it more difficult to comprehend the apparent fact that matter, under certain conditions, is capable of perceiving light, than that matter, under certain other always necessary conditions, becomes capable of manifesting light?

Why degrade living material beings, of which we have some knowledge, by denying apparent capabilities; while we ascribe to imaginary beings of whom we have no knowledge, capabilities, and the performance of functions, that can not be traced by any rational method to such beings?

Is it because we would not presume to question the wisdom of our ancestors, or impeach the integrity of history, venerable because of its antiquity?

What is human wisdom but an aggregation of presentations to human consciousness, measureable by the capabilities and knowledges of individuals or races at any given time, and liable to impeachment by any considerable expansion of capabilities and knowledges effected by human growth, individual or racial?

What is history but a reflection of contemporaneous recognitions, however limited and ignorant, and liable to be discredited, at any time, by any considerable additional information?

Or, is it because our bodies perish, dissolve, and lose their individuality in the great mass of living matter to which as elements they return? "Aye, there's the rub."

Were our bodies to awake from the unconsciousness of death as they do from the uneconsciousness of sleep, and we did know it, the bugbear of "materialism" would no longer alarm the timid philosopher; nor should we have further need of a hypothetical being, soul, or spirit, dwelling uneasily within our bodies, helplessly restrained, and subject to manifold indignities, (for what purpose, punitory or purgatorial, no one knows,) to account for the physiological phenomena of consciousness.

And yet, admitting the existence of spiritual beings, should we have any evidence of their greater stability as individuals than characterizes material beings? Inasmuch as that which is known is the basis of all rational supposition, and furnishes the elements of all imaginations, how can we predicate perpetuity as a quality of spiritual individuals, so as to satisfy the demands of reasonable enquiry?

Judging by what we know of the "becoming," growth, and dissolution, of material beings, must it not be true that spiritual beings, in order to dwell within, animate, and characterize material individuals, must themselves be specializations from a common spiritual substance, effected at times, and in a manner, corresponding to the specialization of such beings of material substances as they are destined to so animate and represent? And, if so, is it not logical to infer that they are alike subject to dissolution, and return to the source from which they were derived? Does it not appear, indeed, to our senses, that they begin, and cease to be, simultaneously?

—both disappearing and reappearing in endless alternations. “Individuals perish—the race is (may be) immortal.”

Were it not so; if all substance, material and spiritual, (all substance is both material and spiritual, one and inseparable,) capable of specialization, were subject to no further change after once becoming individual; the limits of specialization having been reached, there would be no further activity possible; all phenomena would cease; and the world, the universe, would be a vast assemblage of purposeless, motionless, individuals —immortal! but incapable of any of the functions or enjoyments of living beings.

But science can be pursued only within the domain of facts; and they who are earnest in pursuit are more interested in accumulating facts, and so harmonizing them as to deduce laws, or principles, therefrom, than in purely intellectual speculations, or vain attempts to “reconcile” mistaken notions, however long or generally entertained, with such laws or principles.

In substituting the word “brain” for the word “mind” (when preceded by the definite article), and affirming the proposition that living matter is capable of becoming, under definite and essential circumstances, conscious—of receiving and differentiating presentations from environments—of retention, of reproduction, and recombinations of such presentations; in other words, capable of feeling, remembering, imagining, reasoning, and willing; it need not be denied that other functions of the body are variously affectible by the manner in which these mental functions are performed, or neglected. It may be affirmed however, in explication of the influence supposed to be exerted by “the mind” over the body, that it is not “the will” acting as an indepen-

dent being, with design, that enables a man under certain circumstances to resist and retard disease; but it is the whole organic act of willing. Nor is it "the imagination" acting as still another person, in conjunction with "the will", or with a will of its own, that so affects bodily conditions that a timid man may be killed by an imaginary hemorrhage; or a superstitious woman may be raised from a bed of chronic illness by faith in prayer; or a believer in homeopathy may be benefited by pretended medication; but it is the complicated and comprehensive physiological act of imagining.

Neither is it to be denied that insanity is sometimes, if not often, caused by conditions of brain induced by presentations from environments primarily affecting states of consciousness; the so-called "moral causes" of insanity.

Consider the phenomena as related to antecedent conditions of what is called "mental shock." Brain shock, as now recognized. There are certain materials and conditions necessarily precedent to such phenomena, viz:

(a.) Certain masses of living matter called brains, that from a precedent condition of inherent sensitivity, through a long process of adaptation and heredity, have become capable of complex states of consciousness, and responsive to the excitations of environments, by which physical and chemical changes are affected, followed by corresponding brain-phenomena; feeling, memory, imagination, &c.

(b.) Certain appendages structurally continuous with such masses of brain-matter, called "organs of sense," terminating in contact with environments.

(c.) A continuous supply of a peculiar liquid called "blood," floating a burden of living matter, qualified

and ready to take the place of matter disintegrated by action, exhausted by use, and no longer capable of aiding in the performance of brain-function, (to be carried away by returning currents of this same liquid)—together with all the organs and conditions implied for the preparation and distribution of this blood.

(d.) An exciting cause, capable of reaching the brain by way of the organs of sense; and of stimulating it to sudden and unusual activity, through its own qualities of sensibility and consciousness.

These conditions admitted—what then?

A woman and a mother *sees* her son crushed to death by a locomotive engine; or *hears* a messenger relate the shocking circumstance; and sinks, or falls, insensible; or, it may be, stands dumb, motionless, like Niobe in marble; to regain consciousness by and by—not as her former self—but as a raving maniac; a gibbering imbecile; or a fantastic fool.

What has happened? Enquire within. Some injury has been done to this woman's—mind? O, no; this woman's brain.

How? By what?

By its own exertion under sudden and extraordinary stimulation. Some tense string broken by its own vibration. Some bent spring fractured by its own recoil. (2.)

Another etiological error, is that of ascribing insanity to a single cause—such as intemperance, overwork, religion, spiritualism, remorse, and the like; while the fact is that nearly every case of insanity not effected by

(2.) A group of muscles may contract so violently under stimulation as to remain for a time paralyzed, and manifest when recovering various degrees of impairment. So, too, brain-structures may be injured by their own activities.

mechanical or chemical violence, is the result of a conspiracy of causes more or less complicated.

In this conspiracy, it is probable that the most uniformly present and influential agent is "heredity," or an inherited structural peculiarity, or biological tendency, constituting a "potentiaility of insanity" in individuals, that is not common to the race.

This fact may not be recognized generally, nor accepted as true, by many otherwise well-informed persons whose biological studies have been limited, and whose views of the great facts of evolution and heredity are neither comprehensive nor clear.

That this "potentiaility" is an important factor in the causation of insanity, and yet an exceptional condition of human beings, may be inferred from the fact that while like causes may be expected to produce like effects under like conditions, but few persons, of a given number exposed to all of the causes and subject to all of the conditions regarded as sufficient to produce insanity, except this, become insane.

How many men are overworked, or underfed, or intemperate, or have lost property, friends, or fame, and are yet neither insane nor in danger of becoming so?

How many women grieve, or fret, or suffer the pangs of despised love, or the sublime martyrdom of maternity, and yet do not "go crazy." All men and women, who live long enough, pass through the "perilous periods" of puberty, and "change of life," and many indulge sexually to excess, or practice self-abuse, yet how few are made lunatic thereby!

That this "potentiaility" is a matter of inheritance rather than of acquisition, may be inferred from the facts, that it must be physiological — pertaining to organization — and is indicative of such a departure

from typical racial conditions as is not likely to be effected by the growth of an individual, or the vicissitudes affecting a single generation. This inference is sustained, also, by the fact that insanity is developed, almost exclusively, in persons whose ancestors have been for a longer or shorter period subject to environments peculiar to civilization; in which the mixing of races, and artificial vicissitudes of being, are well calculated to influence organization and effect such a departure.

In estimating the value of this factor in the problem of insanity, it should never be forgotten that it is not, itself, a disease; nor an exciting cause of disease. It is probably, only a specialized condition of brain matter,—effected by various influences, and fixed, more or less permanently, by heredity—that one may inherit and carry through a long lifetime, without becoming insane; or because of which one may be subject to insanity, although the immediate ancestor through whom the condition was transmitted may not have shown any recognized indication of its existence.

As to other conspiring causes: inasmuch as all influences capable of exciting and continuing brain activity—and all agents capable of vitiating the quality, or interfering with the diffusion, of living matter essential to the maintenance of brain-action and brain-integrity—are efficient causes of insanity, it will be seen at a glance that possible combinations of such causes are innumerable. A hint in this direction should be sufficient for all practical purposes.

Another common error is that of mistaking symptoms, or manifestations of insanity, for causes of disorder. The most prominent feature of insanity in a given case may be, as indicated by speech and action, of a religious

character. Cause assigned, "religious excitement," or simply, "religion." Another insane person, with auditory hallucinations, holds conversations with invisible beings, and has his insanity charged to "spiritualism." A third, melancholy person, accuses himself of crimes—the unpardonable sin, perhaps—and has "remorse" scored opposite his name, as the cause of his infirmity. Such assignments of causes may all be erroneous. Such manifestations are, more frequently than otherwise, phenomenal sequences of diseased activities effected by other, and very different, causes. When a man is drunk and talks religious nonsense, one does not attribute his intoxication to religion. It need not be denied that intent and protracted contemplation of religious subjects involving problems too profound for human capabilities, by persons incapable of ordinary reasoning—believing at the same time that eternal doom awaits the verdict—or that the terrifying denunciations, threats and appeals of "hot-gospelers," addressed to the ignorant and superstitious, may, by undue excitations of brain activities, arrest nutrition, suspend appetite, and "murder sleep," and thus become causes of insanity.

Nor is it to be denied that an overwhelming demonstration (as estimated by the party interested) of the actual presence of disembodied spirits of long lost loved ones returned from unimaginable wanderings—bringing with them airs from "summer lands," and comforting assurances of life and happiness beyond the grave, (but half believed before)—might strain with dangerous tension some of the finer fibers of conscious mechanisms—nor that genuine remorse can become a co-conspirator in the causation of insanity. It does not follow as a necessary sequence, however, that insanities so caused, are characterized by religious, spiritualistic,

or remorseful, expressions; nor is such even frequently the case.

The time may come—is coming—when the more skilful will be enabled to analyze the phenomena of mind with great accuracy and minuteness; so as, possibly, to refer even delicate shades of difference to exact conditions of organs manifesting them; and to retrace the evolution of a mental concept to the primary sensations from which it descended. But we can not do so now.

Of Diagnosis.—Errors of diagnosis in cases of alleged insanity, are comparatively infrequent. Medical practitioners are seldom called upon to differentiate insane from sane conditions in doubtful or obscure cases. Of the multitude of persons committed to public and private asylums, as insane, every year, rarely one is found to be not insane.

There are persons, however, in every community, who by their speech and actions subject themselves to suspicion of being insane, but respecting whose conditions, if brought to a test, there would be diverse opinions. It is when such persons are brought to bar, accused of crime, or incompetency, that the qualifications of medical witnesses are fully illustrated—not always to the credit of the profession whose livery they wear.

The only province of the diagnostician, in such cases, being to determine whether certain phenomena characteristic of the accused are sequential to natural, or to pathological, conditions; the most common error is that of ascribing to pathological conditions phenomena that are natural to the individual accused when in a state of perfect health—because of the possible resemblance of such phenomena, of both speech and action, to well-

recognized insanities in others when impaired by disease.

Errors of this kind have been committed, and are likely to be repeated — will be repeated — as long as medical men accept a quasi-physiological psychology as scientific; and listen to the teaching of authors, who, in contempt of their own knowledge, are more intent, sometimes, on establishing a prejudiced opinion of their own, or discrediting that of another, than they are upon promoting science. It is to be regretted that really great men do not see all objects periscopically at all times.

It may be claimed that such errors are not important, inasmuch as conditions so similar as to make it difficult to determine the difference by their phenomenal expression — although one may be called natural depravity, and the other disease — are practically the same.

But this claim is not well founded. There is as much practical difference between conditions indicated by natural depravity of character, and insanities, as there is between conditions manifested by the exalted temperature of physiological activity, and the heat of fever. As much difference as there is between the false beliefs of the ignorant, and the delusions of the distempered.

Another, and kindred error, is that of mistaking rational beliefs for insane delusions.

Beliefs that may appear to many persons irrational, and absurd, may be, as entertained by others, perfectly rational.

Any belief that is in accordance with all such testimony as is presented to, and comprehended by, the believer, respecting any given subject, is rational; —

provided such testimony is alike convincing to others of similar capabilities and information.

A common belief that the Earth was created before the Sun was, and became a fixed object around which the Sun was made to move, for the sole benefit of the Earth's inhabitants, was a rational belief when entertained by every body, whatever we may think of it.

Beliefs in the divinity of kings, and the infallibility of popes, once unquestioned, were rational. Centuries of human growth were required to more than partially discredit them.

Belief in witches, and witchcraft, once universal, unaccountable as it may seem to us who are not haunted by recognitions of personal devils, papal or Miltonic, was, and is, when contemplated in the light of the testimony by which it was justified, a rational belief.

Insane delusions are mental concepts of impaired organs, *responsive to excitations from within*: hence not amenable to facts or arguments, and out of harmony with the general recognitions of the class or race to which the person entertaining them belongs. (3.)

Rational beliefs are mental concepts of healthy organs, *responsive to excitation from without*—hence amenable to facts and arguments, and in harmony with concurrent recognitions of the class or race to which the persons entertaining them belong.

(3.) "The essential characteristics of insanity, that which distinguishes it as a morbid state, consists chiefly in the fact that certain states of the brain—certain dispositions, feelings, emotions, opinions, determinations—proceed from within outward, owing to disease of the organ of mind; while, in the healthy state, our emotions, opinions, determinations, originate only upon sufficient external motives, and on that account stand in a certain harmonious relation to the external world."—(Griesinger, *Ment. Dis.* page 60.)

Of Prognosis.—Nothing is more difficult than to prognosticate accurately the result of any given case of insanity. The most common error of prognosis is that of recovery.

But few insane persons ever recover fully their original states of mental capability. Not to exceed forty per cent of the whole number of persons now insane in the United States, will so far recover, under the most favorable circumstances, as to pass currently for persons of sound minds. The patient, prolonged, intelligent and conscientious labors of Dr. Pliny Earle, exhausting all present sources of knowledge on the subject, force upon us the conviction that even forty per cent is a higher ratio of expectation than facts would justify, for this country or for Europe. (4.) Yet with nearly every insane patient admitted to our hospitals for treatment comes the prognosis of the family physician, "speedy recovery." Such errors can only be accounted for by presumptions of ignorance, or insincerity, on the part of the physicians making them; equally unworthy of the profession.

Of Treatment.—Errors of treatment of the insane are, undoubtedly, common and many. Such at least is a justifiable inference to be drawn from recognitions of our own ignorance respecting the more occult phenomena of living matter, and still greater ignorance, if possible, of the real relation of drug-influences to physiological and pathological conditions. To point out such errors specifically, and define them, would be more difficult than to infer, and admit their existence.

It is probable, however, that the greatest therapeutical error of practice, is that of administering too

(4.) See AMERICAN JOURNAL OF INSANITY, October, 1885.

much medicine. That there are medicines which, when skilfully administered, contribute somewhat to the comfort, and therefore, or so far, to the cure, of the insane, can not be denied. But as related to the whole number of drugs prescribed, they are neither many, nor potent.

This criticism need not be limited to the use of drugs in the treatment of the insane. It is as applicable to other specialties of practice as to this. With a rapidly increasing accumulation of knowledge, to which the medical profession has contributed, and had access, a growing conservatism in the use of drugs has characterized modern practice, and marked its progress. The middle of the present century will be forever memorable in the history of medicine as the period of transition from "old" to "young" physic, and a genuine reformation of theories and practice effected by human growth.

The topic of "Treatment" having been thus disposed of, there is but one other to which attention is requested in this connection.

Of Classification.—It is an aphorism of philosophy that perceptions of imperfection imply perfection as an inferential quality. Perceptions of imperfections, however, do not necessarily imply personal knowledge of that which is perfect. All classifications, or schemes for the classification, of insanities, have, thus far, proved to be exceedingly imperfect and unsatisfactory. The fact is that neither our psychological nor pathological knowledge is sufficiently accurate and comprehensive to justify a pretense of scientific classification of insanities upon either as a basis.

True science is severely exacting. Classification, however, such as we are capable of constructing at the present time, is of but little importance to the student or practitioner of psychiatry. The least complicated is

the best, however arbitrary. Nor is it worth while to attempt more, until we are enabled by a large increase of knowledge to recognize physiological and pathological conditions of all or any organs implicated, by mental phenomena expressive of such conditions. Important errors have already been suggested, or perpetuated, by the terms adopted by various authors in their endeavors to construct a better classification than that in use, without the requisite increase of knowledge.

An error already alluded to—that of accepting as sufficient a single alleged cause of insanity in explication of variable and complicated phenomena, in any given case, is illustrated, and perpetuated, by the terms adopted for the classification of insanities upon a plan descriptive of both psychical and pathological features—such as: “Paralytic Dementia,” “Puerperal Mania,” &c., &c. Still greater, or more important errors, however, are suggested and perpetuated by terms used in a metaphysical scheme—such as “Moral Insanity,” “Intellectual Insanity,” “Emotional Insanity,” “Affective Insanity,” &c., &c., with such subordinate terms as “Kleptomania,” “Pyromania,” “Dipsomania,” “Aboulomania,” “Reasoning Mania,” and the like—representing mistaken notions respecting the genesis of mind, and the relation of phenomena to antecedent conditions; and leading to recognitions of certain “states of feeling and modes of thinking,” characteristic of, and habitual to, individuals, and classes of men, whose conditions are, and may have ever been, strictly physiological, as manifestations of disease.

Than which—if precedent, or concomitant, impairment of the organs of mind by disease is essential to insanity—nothing could be more erroneous. Than which—if insanity is to be regarded as “an uncondi-

tional excuse for crime," nothing could be more pernicious.

The doctrine of Moral Insanity is indeed a prolific mother of errors—requiring for its maintenance the false assumption, that there is a genetic distinction of different degrees of general intelligence. (5.) In other words that moral concepts so far differ from other mental concepts as to imply an independent origin, as distinct from the sources of other ideas as one man is distinct from another. And that such different sources of mental concepts may, or may not, co-exist in a single man; and that co-existing, one may be impaired, or obliterated, without in the least affecting the capability or integrity of the other.

That such substantiation of the doctrine of "Moral Insanity" is impracticable may be inferred from the following propositions, if true:

(a.) Mental capabilities are developed step by step, yet continuously, with the structural development of living matter in the form of brains—as is amply illustrated by the growth of individual human beings from infancy to manhood; and of progressive races of mankind from infantile conditions to higher attainments.

(b.) The order of development of mental capabilities is from simpler to more complex states of consciousness—characterized by increasing ability to recognize, differentiate, combine, and generalize principles from, observable facts.

(5.) "All mental acts take place within the intelligence, * * * and all the various mental acts which were formerly designated separate faculties (imagination, judgment, will, &c.,) are only different relations of the understanding with sensation and movement—or the result of conflicts of ideas with themselves."—(Griesinger, *Ment. Dis.*, page 26.)

(c.) Growth of structure and capabilities may be arrested at any point attained—but there can be no *hiatus* between points, or degrees, or groups of degrees, of attainment; nor any transposition of groups of capabilities once attained, out of the order of their development. (6.)

(d.) Mental concepts of a moral character—ethical inductions from recognitions of facts—correspond in complexity and comprehensiveness to the general intelligence of individuals and races—high moral perceptions belonging to, and characterizing, exclusively, the more progressive races of mankind, and modern periods of history. (7.)

(e.) The “order of disorder”—if the phrase is admissible—or the order of retrogression, to which, in accordance with the inherent cyclicity of living matter, all structures are obedient—as uniform in successions of condition and phenomena as is the order of progression—corroborates the inference that high moral recognitions pertain to the higher, and later, if not final, developments of intellectual capabilities. (8.)

(6.) A man may be capable of recognizing objects, and of remembering something of their qualities—but incapable, because of arrest of development—of imagining, or reasoning, to any considerable degree. He can not be capable of imagining or reasoning to any extent without the precedent capability of perceiving and remembering, developed and intact.

(7.) Ethnical observations as well as scientific inferences, establish the fact that the undeveloped, savage races of mankind, are of different degrees of intelligence, with corresponding moral deficiencies. The vicious classes of civilized societies—“the savages of civilization”—are, as classes, conspicuously undeveloped, and below par intellectually.

(8.) The first general symptom of impairment effected by alcohol, (which may be presumed to affect the brain generally through its systemic circulation,) as manifested by mental characteristics, is a loss of moral tone, beginning with

(f.) Inasmuch as all great moral precepts—original teachings—have been formulated and promulgated by men of extraordinary general intelligence—exceptionally developed—looked upon by undeveloped multitudes as “inspired”—it may be safely affirmed that until the existence of an idiot with high moral perceptions can be demonstrated; the existence of a philosopher without moral perceptions, or capability to perceive—is equally problematical. Hence total incapacity to recognize moral principles, in any given case, justifies the inference of undeveloped or defective intellectual capabilities. (9.)

the highest register, veracity. The final attributes of humanity being the first to suffer diminution, or destruction, with the first movements of a retrogressive order—objectless lying, by persons before trustworthy, is frequently the prelude to subsequent diapasons of insanity.

(9.) That phase of human consciousness, commonly called “conscience,” or “conscientiousness,” is regarded by many as proof of independent moral capabilities.

“Conscientiousness,” says Dr. Clouston, (Ment. Dis., page 256,) “the sense of right and wrong, is to a large extent an innate brain quality. We see this in children from the earliest age. Some have it strongly without teaching or example; others have it sparingly, and need the most assiduous care to develop it.”

Inasmuch as the sense of right and wrong does not imply a knowledge of that which is right, as distinguished from that which is wrong—but a recognition of difference between that which gives pain and that which gives pleasure—a sense which brain-matter becomes capable of at an early period of development—Dr. Clouston’s major proposition, may be, almost admitted. But that children from the earliest age, or at any age, without training or example, have intuitive perceptions of that which is right, is unprovable and improbable. Unschooled persons, acting from a “sense of right and wrong,” are as liable to do wrong as to do right—if not under the direction of authority. Sagacious animals can be trained by rewards and punishments—recognizing the relation of conduct to pleasure and pain—to do right and refrain from doing wrong—within certain

It is easy to answer arguments based upon such propositions by recitations of clinical histories of exceptional cases, so far as observed and comprehended, and the conclusive declaration that "Moral Insanity is not a question of theory, but of fact." (10.)

limitations of capability. We do not speak of such animals, however, as being moral or conscientious, but as more than ordinarily intelligent.

Moral conduct on the part of the greater number of men whose conduct can be so characterized, is in consequence of habit, enforced originally by authority; and in accordance with instruction, or dictation—not because of the intuitions of "conscience."

The common morals of even the most enlightened peoples, are not original intuitions, but precepts formulated—not by children, nor women—but by the most highly developed, and generally intellectual, *men* of all the ages.

Has Dr. Clouston ever seen a child that had this sense of right and wrong "strongly" developed, from "earliest age" in which other senses were defective, or wanting? He describes a boy of ten years—(Ment. Dis page 256) "that was not an idiot not an imbecile, and quick intellectually, who could not be taught morality." But if the "moral faculties" are independent, or in any way differ from the faculties manifested by general intelligence, should we not have conscientious idiots?

That the defect in this boy, as described by Dr. C., can not be differentiated from intellectual incapacity will be seen from the following paragraphs. "He (the boy) really seemed incapable of knowing the difference between a lie and the truth, or at all events he never could be got to avoid the one or tell the other. He lied without any temptation, and with no object to be gained. He stole. He had little proper affection for his brothers and sisters and parents; he was incapable of the sense of shame," etc.

(10.) "The question is," says Dr. Clouston, (Ment. Dis. page 225) "have we any examples, where from disease, a man who up to that time had been moral and conscientious, and obeyed in his conduct the laws and social observances had lost his moral sense while he retained his intelligence and reasoning power, having no mental exaltation or depression, and in consequence of that diseased condition spoke and acted immorally? Further comes the question—can he, when the diseased condition is cured and recovered from, regain his former morality in feeling and conduct?

"I have no hesitation in answering both questions affirmatively, because I have

It is quite as easy, and much more impressive, to sketch, biographically, the prominent features of some notorious criminal—call it a picture of a variety of moral insanity, recognized by distinguished observers, though never before so well portrayed—and offer it in evidence as conclusive. (11.)

seen such cases. It is not a question of theory (moral insanity) but of fact."

Such disposal of the subject may satisfy many less sincere and appreciative admirers of Dr. Clouston than is the writer of this note. But in consideration of the fact that there are so many possible gradations of intellectual capability between the extremes of infantile and mature attainment; between the intelligence of the multitude, and the exceptionally great; one wonders if the persons referred to really retained *all* of their previously developed intellectual capabilities—or if they might not have suffered some deterioration of the higher and finer qualities, the last in order of evolution, and the first in order of dissolution—enough to account for manifestations, without the presumption of a distinct or independent moral faculty? The late Dr. George Beard said—(N. Y. Jour. Men. and Ner. Dis., Jan., 1882.) "In all insanity there is moral impairment."

"Insanity without moral decline is not insanity." "The essence of insanity is immorality." "While the immoral are not usually insane, the insane are always immoral."

All of which, conservatively considered, is true. Inasmuch as all insanity is expressive of disease of mental organs, and consequently of retrogressive activities, which begin with the culmination of progressive activities, and impair or destroy first that which was last developed.

(11.) Dr. W. A. Hammond, (Surgeon General, U. S. A., retired list,) read a paper before the N. Y. Medico-Legal Society, March 1, 1882, in which, after crediting the Pinels, Esquirol, Morel, Dagonet, and others, with dim recognitions and imperfect descriptions of a variety of moral insanity, called "reasoning mania"—draws the following sketch, and presents it to the Society as a picture of the disease so named, fortunately now, never more to be mistaken or gainsaid.

"The most prominent characteristic of the disease is an overbearing egotism which shows itself on all, even the most unimportant occasions. The individual without social position, without wealth, and without political influence conceives that he has only to make his wishes known to those in authority to have them

But such answers do not shake the broad foundation of facts upon which truth stands—nor cause us to forget that it is more reasonable to suppose that individual observers of exceptional phenomena may be mistaken as to facts, or appearances, than that nature is erratic, or than that truth is incongruous.

granted. He does not hesitate to push himself forward as an applicant for high office, and this when he has no one qualification fitting him for the position he seeks. Refusals do not dismay him, the most pointed rebuffs do not abash him.

The intense egotism of these persons makes them utterly regardless of the feelings and rights of others, and sometimes they display positive cruelty in their treatment of persons who come in contact with them. This tendency is especially seen in their relation with lower animals.

The egotism of these people is unmarked by the least trace of modesty in obtruding themselves and their assumed good qualities on the public at every opportunity. They boast of their genius, their righteousness, their goodness of heart, their high sense of honor, their learning, and other qualities and acquirements, and this when they are perfectly aware that they are common-place, irreligious, cruel, and vindictive, utterly devoid of every chivalrous feeling and saturated with ignorance."

Can any one who read the newspapers from July 2, 1881, to the date of this delivery, March 1, 1882, fail to recognize the then living model?

